



**COUNTY OF LOS ANGELES  
DEPARTMENT OF AUDITOR-CONTROLLER**

KENNETH HAHN HALL OF ADMINISTRATION  
500 WEST TEMPLE STREET, ROOM 525  
LOS ANGELES, CALIFORNIA 90012-2766  
PHONE: (213) 974-8301 FAX: (213) 626-5427

J. TYLER McCAULEY  
AUDITOR-CONTROLLER

June 9, 2006

TO: Mayor Michael D. Antonovich  
Supervisor Gloria Molina  
Supervisor Yvonne B. Burke  
Supervisor Zev Yaroslavsky  
Supervisor Don Knabe

FROM: J. Tyler McCauley   
Auditor-Controller

**SUBJECT: HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT  
(HIPAA) PRIVACY COMPLIANCE STATUS REPORT**

This report is collateral to the monthly status reports submitted to your Board by the Chief Information Office (CIO) regarding compliance activities with the Health Insurance Portability and Accountability Act (HIPAA). It focuses on the County's progress in implementing and complying with HIPAA's Privacy Rule, which is the responsibility of the Chief HIPAA Privacy Officer in the Auditor-Controller (AC-CPO).

Although the County is close to full compliance, there are challenges related to the complexity of implementing the mandates of the program that require ongoing assessment coupled with the enormous task of providing employee training. Nonetheless, our goal remains to further enhance the program through increased awareness and compliance reviews of the Covered Entity Hybrid departments, which are: the Department of Health Services, Department of Human Resources (flexible spending account component), Department of Mental Health, Department of Probation (Kirby Center), and the Department of Sheriff (pharmacy component). In addition to the Hybrid departments, there are Memorandum of Understandings' (MOU's) departments and Business Associate agreements with numerous vendors that require some form of compliance monitoring pursuant to the HIPAA regulations.

To further complicate compliance, the U.S. Department of Health and Human Services' Office for Civil Rights' (OCR) standards for privacy of individually identifiable health information and standards for the protection of electronic protected health information are seemingly fluid even though the Privacy Rule compliance date was April 14, 2003 and the Security Rule compliance date was April 21, 2005. For example, on

February 16, 2006 the Federal Register published the *HIPAA Administrative Simplification: Enforcement; Final Rule*. Modifications to the Privacy Rule were made and/or emphases to specific areas of concern were highlighted in the comment section of the published Final Rule. Consequently, with the assistance of the AC-CPO, revisions to the County's hybrid covered entity departments' policies and procedures are underway to reflect the modifications. Further, as case law is established, we will have a better feel for the standards and expectations of OCR and the courts' application of the rule(s).

### **HIPAA Privacy Compliance Reviews**

Because of HIPAA awareness, the number of privacy complaints submitted to OCR, as well as to the County of Los Angeles' Auditor-Controller Privacy Officer (AC-CPO) or directly to County departments increased significantly since our last report.

During this reporting period, the AC-CPO conducted reviews of DHS' Antelope Valley Rehabilitation Center, Martin Luther King Medical Center, Mid-Valley Health Center, High Desert Health System, Olive View Medical Center, Health Services Administration, LAC+USC Medical Center, El Monte Health Center, South Valley Health Clinic, Hollywood Mental Health Center, and Mental Health Administration. The results are detailed in the attached reports. Attachment 1 is the Privacy Rule Complaints and Investigations' report and Attachment 2 is the Security Rule Audits and Investigations' report.

In view of the Privacy Rule, our findings show these facilities are generally compliant; however, ongoing attention is required by the AC-CPO. Some of our investigations identified valid and sensitive privacy issues that point to the need for further administrative training in the area of policies and procedures. County Counsel and related departments' management are involved with resolving these concerns.

### **Enforcement and Penalties for Noncompliance**

Consistent with the principles for achieving compliance provided in the rule, OCR seeks the cooperation of covered entities and may provide technical assistance to help them comply voluntarily with the Privacy Rule. Covered entities that fail to comply voluntarily with the standards may be subjected to civil penalties and/or criminal prosecution.

As of the date of this memorandum, the County has not been subjected to civil penalties or criminal prosecution. Those certain facilities noted above and investigated by my AC-CPO for alleged HIPAA violations have voluntarily complied and/or initiated mitigating efforts to correct any infractions to the Privacy Rule.

### **Other Activities in Response to Countywide Privacy**

In light of recent Countywide privacy and security breaches related to confidential client and/or employee records, the Board and/or the affected departments (regardless of whether or not the department is a member of the hybrid) asked the AC-CPO to advise them on measures to be taken to mitigate the consequences of any wrongful disclosure of private confidential information. In addition, the AC-CPO provided guidance for establishing policy and procedures similar to the Privacy Rule standards. Our advice is general in nature as it sets the stage for appropriate behavior and awareness of acceptable business practices for handling confidential information in both technical and non-technical form. In our discussions, we advised each department to adhere to federal and State civil laws that may preempt HIPAA. The key to the success of any privacy program is training the workforce members which results in awareness.

In cases where AC-CPO advice is requested, the HIPAA Compliance Unit coordinates its efforts with the CIO and County Counsel to provide oversight in the deployment of protected, confidential, personal information to ensure adherence to HIPAA regulations or secure handling of private information within the custody and/or control of the County.

Currently, the HIPAA Compliance Unit is working with the CIO on Countywide information security policies; however, because information must be protected in whatever form it takes, it's also important to consider security related issues with paper, postal mail, and record storage. As the County workforce becomes increasingly dependent on information technology, our efforts are focused on the potential misuse of confidential information that is laptop portable and the development of methods of handling such information.

### **Summary**

The County's HIPAA Privacy Program continues to increase awareness of health privacy issues as it relates to our health care providers. Primarily due to the impact of the Privacy Rule, members of the health care community are more sensitive to protecting their patients' health information. All HIPAA impacted departments are encouraged to keep a strong vigilance regarding Privacy and Security mandates to ensure the County continues to improve and enhance its compliance efforts.

The next semi-annual report is expected to be submitted in December 2006. However, if circumstances warrant earlier reporting, we will submit a report(s) on an as-needed basis. If you have questions or require additional information, please contact me at (213) 974-0383, or your staff may contact Linda McBride at (213) 974-2166.

JTM:WW:LTM  
I:\HIPAA\2005-11-30 Privacy Compliance Status Report

Attachments (2)

Board of Supervisors

June 9, 2006

Page 4

c: Raymond Fortner, County Counsel  
Stephanie Farrell, Deputy County Counsel  
Jon Fullinwider, Chief Information Officer  
Alan Brusewitz, Chief Security Officer, Chief Information Office  
Bruce A. Chernof, MD, Director and Chief Medical Officer, Department of Health Services  
Michael J. Henry, Director, Department of Human Resources  
Robert Taylor, Chief Probation Officer  
Dr. Marvin Southard, Director, Department of Mental Health

**County of Los Angeles  
Department of Auditor-Controller  
HIPAA Investigations - Biweekly Report**

Distribution:  
J. Tyler McCauley  
Wendy Watanabe  
Stephanie Farrell  
Glen Solomon

Origination Date	Department	Resolution Time	Comments	Status	Results
5/16/2005	Health Services, Martin Luther King Medical Center	60 Days	The Office of Civil Rights (OCR) commenced an investigation pursuant to a complaint submitted by a patient representative who alleged that 20 medical files were released to two outside physicians which is a potential violation of PHI.	On July 5th, the CPO received a letter from OCR stating that no violation of the HIPAA laws occurred. This case is now closed.	Closed
6/30/2005	Department of Mental Health, Hollywood Mental Health Clinic	30 Days	Patient alleges DMH denied access to his medical records and does not consent to sharing his PHI with other clinics he wishes to receive services from.	The CPO opened an investigation and is working with DMH's Office of Patients Rights. A response to the allegation was mailed to the complainant on July 28, 2005. No facts of the allegation could be proved; however, HIPAA awareness training was recommended to DMH staff.	Closed
6/30/2005	Department of Mental Health, Asian Pacific Clinic	90 Days	Patient alleges that Asian Pacific has denied access to his medical records. (Asian Pacific is a contract clinic.)	The CPO opened an investigation and is working with DMH's Office for Patients' Rights. Because Asian Pacific is a Business Associate, the complaint is also referred to their privacy officer. This complaint is currently under investigation by OCR. The CPO responded to all allegations presented by OCR and OCR concurred with our findings. The case is now closed.	Closed
7/1/2005	DMH's Clinics	Ongoing	DMH's privacy advocate is currently working on various complaints.	Various HIPAA issues are under investigation by DMH's Office for Patients' Rights who are coordinating efforts with the CPO. Certain issues may go to DMH's review board. This is an ongoing issue.	Ongoing
7/11/2005	Olive View Medical Center	60 Days	Patient alleges that PHI was discussed between patients and their physicians in a public area where other patients could hear diagnoses, treatment, and medications prescribed.	The CPO opened an investigation and is coordinating with Olive View's Security Officer to ensure that HIPAA regulations are being followed. At this point, no visit to Olive View is scheduled.	Closed
7/15/2005	Department of Mental Health	60 Days	Email communications regarding PHI forwarded from Congress Member Maxine Water's Office to DMH regarding expediting a patient's application for eligibility for certain mental health services.	County Counsel, DMH, Supervisor Molina's office, CIO, and the CPO, are working on the potential HIPAA security issues that arise from sending PHI via email. Currently, the CIO has hired a consultant to prepare a gap analysis that will address this and other electronic security HIPAA issues. DMH does not have a policy on ePHI. This issue is under review and the assignment will be given to the Assistant CPO on Sept. 1st.	Closed

**County of Los Angeles  
Department of Auditor-Controller  
HIPAA Investigations - Biweekly Report**

Distribution:  
J. Tyler McCauley  
Wendy Watanabe  
Stephanie Farrell  
Glen Solomon

Origination Date	Department	Resolution Time	Comments	Status	Results
7/18/2005	Health Services Administration	45 Days	Body parts, caskets, and medical records were unearthed on property previously owned by the County and subsequently sold to the MTA for their Gold Line project.	Potential PHI is at risk due the finding of medical records, which DHS may have disposed improperly. DHS contacted the CPO and requested advise on how to handle the medical data. County Counsel, Stephanie Farrell, is advising DHS as well. The CPO informed DHS that an archeologist is required due to potential sacred and historical burial ground issues. The Coroner and Sheriff were contacted as well. Co. Co. and the CPO have advised that DHS not disclose any information and/or the cause of death as this may be PHI. The primary issue is who is the custodian of those records. This is under investigation. The CAO's Real Estate Division is working with the MTA; Co.Co. is working with the First District and DHS; and he CPO is working with all the above. Currently, it's believed that the remains date back to the 19th century. DHS is unclear as to whether records were in fact unearthed. County Counsel and the CPO determined that HIPAA is not involved here, but recommend that DHS treat any records found according to the HIPAA Privacy Rule.	Closed
7/19/2005	Department of Mental Health	30 Days	Complaint by a DMH Doctor regarding HCCS's HIPAA training program and problems with the computer due to a handicap in her arm.	Referred Doctor to Veronica Jones, DMH's Privacy Officer and training coordinator.	Closed
7/20/2005	Department of Health Services	60 Days	Anonymous complaint by mail regarding Rancho Hospital and its Claims Dept. The letter states that claims are stored in the basement and is accessible to everyone, and some claims are in boxes while some are not and some are scattered on the floor.	The CPO opened an investigation. On August 4th, the CPO visited the site and determined that there were no HIPAA violations as to the storage of medical records at this location.	Closed

**County of Los Angeles  
Department of Auditor-Controller  
HIPAA Investigations - Biweekly Report**

Distribution:  
J. Tyler McCauley  
Wendy Watanabe  
Stephanie Farrell  
Glen Solomon

Origination Date	Department	Resolution Time	Comments	Status	Results
7/28/2005	Department of Mental Health	90 Days	Received a letter from the Office of Civil Rights that they received a complaint from a DMH client who alleged several HIPAA violations occurred at Hollywood Mental Health Clinic.	The CPO opened an investigation and is working with DMH and their Office of Patients Rights on the preparation of a response to OCR. This complaint is linked to other Hollywood Mental Health compliance issues. On August 17th, a meeting was held at DMH to discuss policy and procedures as they relate to the OCR case and allegations. On August 26th, DMH provided the CPO with a response to each allegation. On September 6th, the CPO responded to OCR. We are awaiting for OCR to reply.	
7/28/2005	Department of Health Services	60 Days	A complaint regarding a Glendale Dental Office and the staffs' lack of privacy compliance.	The CPO opened an investigation. The CPO determined that the dental office is not affiliated with the County. The CPO referred the complaint to the OCR.	Closed
8/18/2005	Department of Mental Health	45 Days	DMH contacted the CPO regarding an individual who is impersonating a DMH employee in order to gain access to a medical record.	The CPO opened an investigation in conjunction with DMH and County Counsel. In addition, the CPO and County Counsel referred DMH to the Sheriff as impersonating another is a crime.	Closed
8/22/2005	Department of Mental Health	60 Days	A patient filed a complaint against DMH stating that her medical record was released to the Department of Real Estate (a State agency). The patient also alleges that the information in the record is inaccurate and wishes to amend.	The CPO opened an investigation and met with the complainant on August 24th to review her records and discuss the allegations. A "Request to Amend Medical Record" form was provided and she filled-out the 3 page form, but she did not sign it. So, the CPO mailed the form to the complainant for signature. Upon receipt of the fully executed form, the CPO will forward to DMH who has 30 days to review the request and respond. After the meeting, the CPO discussed the issues with DMH's Office of Patients' Rights and Privacy Officer. There are other issues related to this complainant that involve her mental stability and propensity for harassing County staff. Hence, caution is heeded when dealing with this individual. As of November 22, 2005, no new activity has occurred on this case. Therefore, the case is closed.	Closed
8/24/2005	Department of Health Services	30 Days	A DHS patient filed a complaint against El Monte Comprehensive Health Center alleging that there is an unreasonable delay in scheduling surgery for her. Approximately 3 weeks passed since her last visit and receipt of information regarding treatment. She believes this is unacceptable.	The CPO referred the case to DHS's Compliance Officer, Sharon Ryzak.	Closed

**County of Los Angeles  
Department of Auditor-Controller  
HIPAA Investigations - Biweekly Report**

Distribution:  
J. Tyler McCauley  
Wendy Watanabe  
Stephanie Farrell  
Glen Solomon

Origination Date	Department	Resolution Time	Comments	Status	Results
9/16/2005	Department of Health Services	45 Days	A patient filed a complaint against Health Services alleging that a student worker retrieved personal information from his medical records in order to contact him. The patient alleges that the student worker spoke to him only on a personal level and it did not involve any health information. He felt this was a breach in confidentiality and ethics and reported the incident to Public Health.	On October 11th, the CPO opened an investigation and met with DHS' Compliance Officer, Public Health representatives, and the Facility Administrator at Whittier Health Center to ensure that HIPAA policies are in place and that the facility staff is aware of the policies and safeguards needed to ensure this incident is not repeated. Although the student worker violated the patient's privacy, no protected health information was revealed. This case is now closed.	Closed
9/28/2005	Department of Health Services	90 Days	An allegation was reported to the L.A. County Fraud Hotline related to a HIPAA Privacy Rule violation. The alleged violation is regarding improper destruction of protected health information. As such, the complaint was forwarded to the HIPAA Division.	The CPO opened an investigation, met with DHS' Compliance Officers and Harbor-UCLA Medical Center staff. The allegation states that an attorney dug thru a trash bin located on hospital grounds and found several patients' PHI. Destruction standards state that PHI must be discarded in a manner that protects the confidentiality of PHI. Discarded PHI must be shredded or placed in a secured trash bin areas. During the meeting, it was discovered that a Business Associate improperly discarded the PHI. The CPO advised Harbor staff to immediately inform the BA of the infraction, ask for emergency mitigation, cure the problem, request status reports of the remedial measures taken, and to respond back with corrective measures to be taken by the BA's workforce. The CPO is working with County Counsel on this issue and we have requested the Business Associate agreement in order to determine that proper HIPAA language is in the contract. Harbor and Bio-Med responded to the allegations and mitigation efforts are underway. DHS's HIPAA Compliance Office stated that they are satisfied with those efforts and the case is now closed.	Closed
9/28/2005	Department of Health Services	45 Days	DMH Patients' Rights Division forwarded a complaint by one of their patients who alleged that during her stay at LAC+USC Med. Ctr., her treating psychiatry resident doctor notified the patient's father of her hospitalization. The patient is an adult.	The CPO opened an investigation and will meet with LAC+USC's Privacy Officer and resident doctor for explanation of the circumstances surrounding the alleged disclosure of PHI to the father. We believe this case will be investigated by OCR. Interviews with the resident doctor who is alleged to have violated the patient's privacy and the doctor's supervisor were conducted on November 4th. All allegations were denied and supported by cooperating evidence. DMH's Office for Patients' Rights investigated this incident as well. On December 9, 2005, the CPO sent a response to the patient denying the allegations. The case is now closed. However, on December 15th, the patient stated her objections to our findings, as well as DMH's Office for Patients' Rights. Thus, the patient was referred to the Office for Civil Rights for further assistance.	Closed
10/5/2005	Department of Health Services	45 Days	DHS patient called the HIPAA Hotline to complain about disclosure of PHI to credit agency.	The CPO forwarded a Privacy Incident Report form to the patient to complete and send back. This case is closed as the patient did not follow-through on filing a report.	Closed



**County of Los Angeles  
Department of Auditor-Controller  
HIPAA Investigations - Biweekly Report**

Distribution:  
J. Tyler McCauley  
Wendy Watanabe  
Stephanie Farrell  
Glen Solomon

Origination Date	Department	Resolution Time	Comments	Status	Results
10/11/2005	Department of Health Services	30 Days	OCR contacted the CPO to report an alleged that an intern at the Charles Drew Med. School disclosed a patient's PHI.	The CPO is working with OCR to gain additional information regarding the case. However, Charles Drew Med. School is not a covered entity of the County. Hence, this may not be a breach for the County to investigate and will refer the matter to the Med. School's privacy officer. No further action is required by the CPO. The case is now closed.	Closed
11/4/2005	Department of Mental Health	60 Days	DMH - Hollywood Mental Health wishes to limit a patient's right to access his medical records.	The CPO is working with DMH staff in developing a policy regarding a patient's ongoing request to have access to his medical records. The patient continues to request the same information and DMH provides such as required by the HIPAA Privacy Rule. However, the patient is now becoming a nuisance and disruptive; thus, under HIPAA regulations and approved by OCR, a policy has been developed to limit a patient access to duplicate copies of his PHI to no more than 3 times within a 12 month period. This is a guideline that is acceptable by OCR. The patient's right to complain and disagree with the policy remains in full effect. The issue is now closed.	Closed
11/8/2005	Department of Mental Health	30 Days	DMH patient alleges that LAC + USC Medical Center - Ingleside Psychiatric Facility released PHI to the patient's father without consent.	The CPO has opened an investigation and is working with DMH's Office for Patients' Rights. The patient is also under the care a conservator. The CPO met with various LAC+USC representatives to discuss the allegations, which were denied. The facility is to respond in writing denying all allegations. Until the facility responds to our request, this case will remain open.	Closed
11/8/2005	Department of Health Services	30 Days	Patient alleges that LAC + USC Medical Center lost his medical record and x-rays.	The CPO contacted the Medical Center's Privacy Officer to inform them of the case and asked that they investigate the alleged incident. After an investigation was conducted, the allegations were determined as unfounded. The patient has other issues unrelated to HIPAA in which the Medical Center is addressing. This case is now closed	Closed
11/10/2005	Department of Mental Health	60 Days	OCR advised this Office that they received a complaint by a DMH patient that Hollywood Mental Health has denied him access to his medical records, and has retaliated against him as a result of filing a previous HIPAA complaint.	The CPO opened an investigation and is working with DMH's Office for Patients' Rights and Privacy Officer. A meeting was held on November 30th with Hollywood Mental Health to discuss the allegations. On December 29, 2005, a letter to OCR was sent denying the allegations. We are waiting for OCR's response.	
12/19/2005	Department of Health Services	45 Days	Complaint about receiving timely medical attention.	The CPO forwarded a Privacy Incident Report form to the patient to complete and send back. At first blush, this complaint does not appear to be HIPAA related.	Closed
1/5/2006	Department of Mental Health	30 Days	Complaint against Beverlywood Board & Care and its treatment of its tenants.	The CPO provided the complainant with a Privacy Incident Report. In addition, the CPO forwarded the complaint to DMH's Office of Patients' Rights. Beverlywood is not a County facility; however, DMH refers persons requiring interim care to the facility. The complaint does not appear to be HIPAA related.	Closed

**County of Los Angeles  
Department of Auditor-Controller  
HIPAA Investigations - Biweekly Report**

Distribution:  
J. Tyler McCauley  
Wendy Watanabe  
Stephanie Farrell  
Glen Solomon

Origination Date	Department	Resolution Time	Comments	Status	Results
1/18/2006	LACERA	45 Days	Soon-to-be-retiree alleges that LACERA refuses to allow him to amend certain PHI.	LACERA is not part of the County's Hybrid; however, the CPO provided the individual with information about HIPAA which is on point for requesting a covered entity to amend PHI. Because the Auditor does not have enforcement jurisdiction over LACERA, the CPO assistance can only come in the form of guidance.	Closed
1/19/2006	Sheriff and Department of Mental Health	30 Days	DMH Patient Rights' Advocate Division for inmates who are in County jails allege that the Sheriff will not allow them access to patient information.	The CPO advised DMH Patient Rights' Advocate Division that if an inmate requests their assistance to gain access to their PHI and the DMH advocate has consent from the inmate to act on their behalf, the Sheriff must provide the advocate with access to the inmates PHI. There are certain exceptions, but the Sheriff is not considering those and denying all access. I suggested a policy be prepared between the departments that establishes guidelines and informs the inmate of his/her rights.	Closed
2/1/2006	Department of Health Services	30 Days	DHS' Compliance Division contacted this Office to report that a potential violation at MLK may have occurred due to individuals who are not trained in HIPAA have access to an area where medical records are stored.	On February 6, 2006, the Assistant CPO met with DHS' Compliance Division representative and MLK staff and determined whether MLK is following HIPAA policy & procedures.	Closed
2/15/2006	Department of Health Services	45 Days	Complaint by patient who alleges that various County doctors are billing against his Medicare card for services he did not receive.	The CPO forwarded the complaint to OCI for investigation of potential fraud by County doctors. Sent the case to DHS for investigation which Sharon Ryzak states the investigation is underway. Forwarded the complaint to the Centers for Medicare Services for their review. This is unlikely a HIPAA issue as it appears to be Medicare fraud. However, if this patient's Medicare number is in the hands of those committing fraud, they may also have access to his medical records. Therefore, this case will remain open until the investigation by OCI and DHS is completed.	
2/21/2006	Department of Human Resources	30 Days	DHR received a complaint regarding an employee wanting access to his medical information contained in his personnel file. The reason is due to a workers' compensation case.	Personnel records are not covered under HIPAA. However, the CPO provided Keith Knox, DHR, with the following information: The standard disclosures for workers' compensation is - A covered entity may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault. Further, Protected Health Information excludes individually identifiable health information in Employment Records held by a covered entity in its role as employer. (CFR 45 Section 160.103 (2)(iii).	Closed

**County of Los Angeles  
Department of Auditor-Controller  
HIPAA Investigations - Biweekly Report**

Distribution:  
J. Tyler McCauley  
Wendy Watanabe  
Stephanie Farrell  
Glen Solomon

Origination Date	Department	Resolution Time	Comments	Status	Results
3/9/2006	Department of Mental Health	30 Days	Complaint by patient who alleges that DMH is not providing him services in which he feels he is entitled to.	The CPO took the complaint and determined it was not HIPAA related. Therefore, the complaint was forwarded it to DMH's Office for Patients' Rights.	Closed
3/9/2006	Department of Health Services	30 Days	Complaint by patient who alleges that DHS violated her right to privacy.	The complaint was delivered via the HIPAA hotline. It was difficult to understand the patient. The issue appears to be regarding a stolen Medical card and request for reinstatement in the Medical system and/or General Assistance program. The complainant left a phone number, but is no longer in service. As such, we are unable to investigate the complaint.	Closed
3/17/2006	Department of Children and Family Services	30 Days	HIPAA Hotline complaint by client of DCFS who alleges that DCFS is trying to gain access to her medical records without her consent.	The complainant did not leave a return phone number; however, she raises a very good question, which is releasing medical information to DCFS and whether it is a HIPAA Privacy Rule issue or another agency's or under California Constitutional Law, federal law. This issue was given to County Counsel and the CPO requested advice on how to handle these type of complaints.	Closed
3/27/2006	Department of Health Services	30 Days	HIPAA Hotline complaint by patient who alleges that High Desert Urgent Care does not have policy or procedures on how to prevent certain individuals from having access to her PHI.	The complainant was forwarded to DHS's HIPAA Privacy Officer for investigation. However, the CPO is reviewing DHS' policies and procedures in this area. It appears that DHS does not have a form for the client to fill out that addresses non-disclosure of PHI to individuals outside the area of treatment, (i.e. family members).	Closed
4/19/2006	Department of Community & Senior Services	30 Days	A DCSS employee's home was burglarized including a County issued laptop which contain confidential personal information of 7,000 DHS employees.	This DCSS is not a HIPAA-covered department, but the issue of privacy has reared and the CPO was asked to provide guidance on mitigating the harmful effects that may result from the laptop being stolen. The CPO provided language for a May 2, 2006 Board motion by Supervisor's Burke's Office. The Chief Security Officer and OCI were notified. More to follow.	
4/25/2006	Department of Mental Health	45 Days	HIPAA Hotline complaint by patient who alleges that Edelman DMH clinic made it very difficult for him to access his patient information.	The complainant was forwarded to DMH's HIPAA Privacy Officer for investigation. However, the CPO will conduct a formal investigation as there may be an issue of retaliation by DMH's Edelman staff and we wish to be proactive in that event as this is an area that is of great concern to this Office and OCR.	
5/2/2006	Department of Mental Health	30 Days	A DMH employee told other DMH workforce members that he feels threatened by a certain client. Thus, PHI was disclosed.	The CPO advised DMH that pursuant to 164.502, if the workforce member reasonably believes that in order to avert a serious and imminent threat to public safety, PHI may be disclosed as long as it is limited to the suspected perpetrator and the minimum necessary rule is applied to the circumstances.	Closed
5/12/2006	Department of Health Services	30 Days	Patient alleges that videos were taken of her without consent during her stay at Hopkins-UCLA-Harbor General Hospital.	The complaint was reported on the HIPAA Hotline. The complaint did not provide enough detail to formulate an investigation. The CPO forwarded a complaint form to the patient for her to complete and send back with additional information to assist us with the investigation.	

County of Los Angeles  
Department of Auditor-Controller  
HIPAA Investigations - Biweekly Report

Distribution:  
J. Tyler McCauley  
Wendy Watanabe  
Stephanie Farrell  
Glen Solomon

Origination Date	Department	Resolution Time	Comments	Status	Results
5/22/2006	Department of Public Social Services	30 Days	An HIV infected CalWorks recipient's PHI was improperly disclosed to his pregnant girlfriend who is also a CalWorks recipient.	A DPSS employee contacted County Counsel who referred the employee to the CPO on how to proceed with the "improper disclosure of PHI" issue. DPSS is not a HIPAA covered department. Nevertheless, the CPO advised the employee to proceed pursuant to the Federal HIPAA bylaws, which is to notify the person whose PHI was improperly disclosed. It was recommended that enough detail be provided so that the person may advert any harmful effect the disclosure may cause.	Closed
5/24/2006	Department of Children and Family Services	30 Days	The Office for Civil Rights received a complaint against DCFS.	The Office for Civil Rights, Los Angeles office, contacted the CPO to discuss a complaint they received alleging HIPAA violations against DCFS. The CPO informed the OCR that DCFS is not a HIPAA covered department, because DCFS does not provide health care or bill medical or medicade for services. As such, the case is closed.	Closed

County of Los Angeles  
Department of Auditor-Controller  
HIPAA Security Rule Audit Report

Origination Date	Department / Facility	Audits	Action Taken	Status
12/08/2005	Mid Valley Comprehensive Health Center	<p>Mid Valley Health Care provides services for the San Fernando Valley Areas. The Auditor-Controller performed a HIPAA compliance review in December 2005 and noted some minor concerns relating to privacy and security.</p> <p>The management of OVMC and Mid Valley Health Care has proven diligent in correcting the findings of this review.</p> <p>The Primary patient waiting areas provided adequate audible and visual privacy.</p> <p>The Center 's management and workforce have a strong awareness of HIPAA Privacy and Security protocols as evidenced by the appropriate operational behaviors observed, equipment utilized (secured bins, lockers and files) and technology practices.</p> <p>The items requiring attention are noted and pertained to radiology patients being seated directly in view of the triage treatment beds resulting in non-related patients being able to view and listen to the treatment of others; the usage of a rear facility door for common passage by employees and vendors while patient treatment rooms and charts are in plain view; an emergency exit was unmonitored resulting in a physical safeguard vulnerability to the medical records and cashier offices.</p> <p>The facility was provided two days notice for this review.</p>	<p>The facility management has modified the seating for radiology patients waiting to accommodate fewer patients in the immediate vicinity of the treatment beds.</p> <p>Employees and vendors were advised about appropriate use of the rear door and the importance of patient privacy.</p> <p>The facility is in the bidding process of procuring an alarm/alert system on emergency exit doors.</p>	<p>CLOSED</p> <p>CLOSED</p> <p>OPEN</p>
12/14/2005	El Monte Comprehensive Health System	<p>The El Monte Comprehensive Health Center provides out-patient care and services to east portion of the San Gabriel Valley areas.</p> <p>The Patient Medical Records and Radiology Record areas were accessible by anyone without interruption. The doors on the Medical Records and Radiology areas require a higher level (Restricted Access) of security.</p> <p>Interior and exterior doors with limited access (Employees Only) posted are unlocked and accessible by anyone without interruption or challenge.</p> <p>System access was not secured or monitored but access to PHI was secured by individual user account and password.</p> <p>The facility was provided two days notice for this review.</p>	<p>Management installed security door locks with combination access. HIPAA policy and procedures were reinforced to staff members.</p> <p>Facility should monitor or control passage into the building and limited access areas.</p> <p>Reinforced training and emphasis on physical security and safeguards should be provided to workforce members.</p>	<p>CLOSED</p> <p>OPEN</p> <p>OPEN</p>

County of Los Angeles  
Department of Auditor-Controller  
HIPAA Security Rule Audit Report

12/22/05	High Desert Health System	<p>The High Desert Health System (HDHS) provides services to the Antelope Valley and surrounding areas. The Auditor-Controller performed a HIPAA Compliance Review in December 2005.</p> <p>The HDHS management and workforce have a strong awareness of HIPAA Privacy and Security. The review involved the Urgent Care Clinic, Oncology Clinic, the Hope Center, Radiology, Medical Records areas and Physical Therapy ward.</p> <p>During the review, attempts were made to enter the medical records area to access protected information; our efforts were thwarted by diligent staff that ensured no protected information was disclosed; our review of the Oncology clinic resulted in appropriate management of medical charts and privacy of patient treatment rooms. Throughout the facility patient medical charts were well managed and protected.</p> <p>The Radiology patient records area was found unattended and unlocked. There are procedural and operational issues with the physical security in this area that require attention.</p> <p>All areas are outfitted with secure disposal bins but we found some isolated cases of improper disposal practices.</p> <p>Notices pertaining to HIPAA Privacy were not present in the patient areas as required by the regulation.</p> <p>The Primary patient waiting areas provided adequate audible and visual privacy.</p> <p>The facility was provided 10 days notice for this review.</p>	<p>The Administration of HDHS is correcting the inappropriate access to the Radiology area by reinforcing the importance privacy and security of PHI to staff.</p> <p>The facility has procured a security system to secure the entrances to the Radiology records area. System installation is pending.</p> <p>Reinforcement training was provided relating to the disposal of PHI and the use of the secure disposal bins.</p> <p>Proper notices relating to HIPAA Privacy have been completed.</p>	<p>CLOSED</p> <p>OPEN</p> <p>CLOSED</p> <p>CLOSED</p>
12/22/05	South Valley Health Clinic	<p>The South Valley Health Clinic is an extension of the High Desert Health System servicing remote customers with limited means of transportation. The facility provides a primary care clinic and urgent care services in partnership with Antelope Valley Hospital. This review covered both primary and urgent care areas.</p> <p>Patient waiting areas provided adequate audible and visual privacy.</p> <p>Overall physical security level of the areas observed was good. Interior and exterior doors leading to treatment areas were locked or monitored by a guard.</p> <p>The Notices pertaining to HIPAA Privacy were available in the patient waiting areas but not posted as required by the regulation.</p> <p>The facility was provided 10 days notice for this review.</p>	<p>Proper placement and availability of notices relating to HIPAA Privacy have been completed.</p>	<p>CLOSED</p>

County of Los Angeles  
Department of Auditor-Controller  
HIPAA Security Rule Audit Report

12/22/05	South Valley Health Clinic (Cont.)	<p>Primary Care: The medical records area of this facility was secured by lock and key. Admittance is restricted to Medical records staff.</p> <p>The number of charts in the treatment areas is minimal with nightly record collection and security. Storage is orderly.</p> <p>Training occurs annually and staff is aware of policy and procedures pertaining to privacy and security practices.</p> <p>Proper disposal of PHI was observed and secure disposal bins are properly utilized.</p> <p>Computer screens were properly turned for the operator's view only.</p> <p>System access is restricted by username and passwords.</p>	No issues to report.	CLOSED
		<p>Urgent Care: Sign-in Sheets promotes a patient note their name and reason for visit. The practice and form require review.</p> <p>The computer system at the nurse's station utilized by urgent care doctors is in a common area. Consultation between doctors and patients can be overheard beyond incidental levels.</p> <p>An abundance of PHI on carbon paper was found in the trash cans of the Urgent Care registration area.</p>	<p>The Sign-in sheet was replaced by a "Take a Number" system procedure.</p> <p>The computer system should be moved to an appropriate location to facilitate Privacy of the patient while consulting with the physician.</p> <p>Provide a secure alternative to the common trash receptacle and ensure employees are trained in its use when disposing of PHI.</p>	<p>CLOSED</p> <p>OPEN</p> <p>CLOSED</p>

County of Los Angeles  
Department of Auditor-Controller  
HIPAA Security Rule Audit Report

2/2/2006	Long Beach Comprehensive Health Center	<p>The Long Beach Health Comprehensive Health Center is an extension of Harbor UCLA Medical Center providing care and services to Long Beach and surrounding areas.</p> <p>This review encompassed HIPAA Administrative, Technical, and Physical Safeguards.</p> <p>The workforce training is performed and documented annually.</p> <p>The medical record and radiology areas were secured and monitored by staff.</p> <p>Proper disposal of PHI was observed in all areas.</p> <p>Computer and PHI access was strictly controlled both physically and technically.</p> <p>Event Notification and Disaster Recovery processes were documented at the facility.</p> <p>The facility was provided two days notice for this review.</p>	No issues to report.	CLOSED
2/10/06	Glendale Health Center	<p>The Glendale Public Health Center provides care on behalf of both Public Health and Olive View Medical Center.</p> <p>The review of this facility encompassed Medical Records storage and transportation, computer screen positioning, policy and procedure review and general physical security of PHI.</p> <p>A discussion pertaining to the transportation of medical information, an uncertainty was discovered pertaining to how and who actually transports medical information. This was a good exercise to reinforce policy and procedure surrounding the importance of properly safeguarding PHI.</p> <p>The facility was provided two days notice for this review.</p>	Review of policy and procedure demonstrated that medical information, when transported in containers that are reasonably secured and carried by trained workforce members in a county vehicle.	CLOSED



County of Los Angeles  
Department of Auditor-Controller  
HIPAA Security Rule Audit Report

4/10/2006	Antelope Valley Rehabilitation Center	<p>The Antelope Valley Rehabilitation Center provides services to customers with Drug and Alcohol challenges throughout the County. The facility is located in a remote area of Acton.</p> <p>Areas under review were Admitting, Clinical and Medical Records.</p> <p>The process involving Resident Check-in log books containing PHI were available to all Residents. Stronger control of these books should be implemented.</p> <p>Privacy and Security Training is performed during New Employee Orientation (NEO). Due to the NEO schedule, new employees could have access to PHI without adequate knowledge of HIPAA Regulations and County Policy.</p> <p>Notices pertaining to HIPAA Privacy were not present in the patient areas as required by the regulation.</p> <p>This facility received one day notice of this review.</p>	<p>The Facility Director has modified the location of the Resident Check-in Logs. The resident, upon presentation, is provided controlled access to the log book only showing their specific page by staff at the Check-In desk.</p> <p>The Facility Director has compiled the necessary HIPAA and employee training materials for employees when NEO is not readily scheduled.</p> <p>Notices pertaining to HIPAA Privacy have been posted in the appropriate locations.</p>	<p>CLOSED</p> <p>CLOSED</p> <p>CLOSED</p>
4/19/2006	Antelope Valley Mental Health	<p>The Antelope Valley Mental Health Clinic provides care and services for the Lancaster and the surrounding areas.</p> <p>This review evaluated Medical Records system, Administrative and Physical Safeguards and Disaster Recovery.</p> <p>Physical security of the facility is very good. A security guard and metal detectors and utilized at the entrance and there is no access beyond this room without authentication.</p> <p>HIPAA Awareness Training is accomplished annually. Employees are very aware of Privacy Regulations of both HIPAA and California Regulations.</p> <p>There is no designated secure space for Medical Records. The medical records are located in a semi private location. Physical access to these records is possible by all staff members. Records are locked either in the designated medical records filing cabinets or in office files during the evening. Records are vulnerable to loss.</p> <p>There is no designated secure space for information systems and network equipment. The equipment share a supply room accessible by all employees. Supplies are stack on and around the equipment enclosures subjecting it to movement and restricted cooling.</p> <p>The facility received no advance notice of this review.</p>	<p>The Facility Director has prepared a work plan to mitigate the vulnerabilities around the lacks accountability of medical records. Pending appropriate space allocation and funding, the program relies on the local policy and procedures to ensure privacy and security of the medical records.</p> <p>At minimum, a reasonable level of security of network equipment is necessary in accordance with HIPAA and County Policy. The equipment environment needs to be isolated from common usage areas. Mental Health continues to explore options to remedy this issue.</p>	<p>OPEN</p> <p>OPEN</p>

County of Los Angeles  
Department of Auditor-Controller  
HIPAA Security Rule Audit Report

4/21/2006	Antelope Valley Public Health	<p>The Antelope Valley Public Health Clinic provides services for Lancaster and surrounding areas. This facility is shared by High Desert Health Systems and Public Health.</p> <p>This review encompassed Medical Records, Admitting and Clinical areas, Administrative and Physical safeguards.</p> <p>Medical records are collected each night and secured in the designated medical records area.</p> <p>The medical records area is utilized by both AVPH and HDHS. The area is an unmonitored and unalarmed open space that is physically vulnerable to the public access. The office furniture arrangement promotes visual and audible restrictions to view customers entering or waiting for services.</p> <p>The admitting and clinical areas are situated to provide adequate audible privacy. Passageway to treatment areas are restricted by locks and staff. No evidence of inappropriate disclosure of PHI in treatment or passage areas was present.</p> <p>Workforce members are trained annually as part of the Performance Evaluation process and demonstrated their knowledge of Privacy and Security Awareness.</p> <p>The facility is monitored by a security guard at the front entrance of the building.</p> <p>This facility received no advance notice of this review.</p>	<p>The HDHS CIO is exploring the implementation of motion detection equipment to alert staff when a customer approaches the area.</p>	OPEN
-----------	-------------------------------	---	---	------